REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

SECRETARY OF STATE

Delbert Hosemann

Name of Candidate William E. Sidey	JAN 5 1 ZUIT
Address 911 CR140, QUITMA, MS 39355	County Clarke Secretary of State
Telephone <u>60/-5/3 9928</u> Fa	
Office Sought House Pist 84	mail Address Wshirley (8) howse, ms. 800
Check here if above is different from previous report	
January 24, 2047 Americal Dament / January 4, 2040 Abrovick Dament	h04_0046\
January 31, 2017 Annual Report (January 1, 2016 through Decem	Der 31, 2016)Mandatory All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions \$ 5022,01 Total amount of disbursements \$ Total amount of cash on hand I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee WillAm Survey

Reporting period 1-1-16 through 12

ITEMIZED DISBURSEMENTS

A PM II		
A. Full name Stay bridge Suites	Date (Mo., Day, Year)	Amount of each disbursement this period
Stay bridge Suites Mailing Address 50/ Tchoupitoulas st. City State Zin Soda	611016	\$ 458.29
New Dreads 1A 70/30	//	\$
Purpose of Disbursement (Optional) US Coast Goard Retrement Stack B. Full name	Aggregate Year-to-date	\$ 458.29
Wednesday	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 20 22 1 Ave	1216116	\$ 1087.47
City, State, Zip Code Medical Modern	//	\$
Purpose of Disbursement (Optional) Fundaise meal	Aggregate Year-to-date	\$ 1087.47
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		-
	//	\$
City, State, Zip Code		\$
	Aggregate Year-to-date	
City, State, Zip Code		\$ \$ Amount of each
City, State, Zip Code Purpose of Disbursement (Optional)	Year-to-date Date	\$ \$
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name	Year-to-date Date	\$ Amount of each disbursement this period
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address	Year-to-date Date	\$ Amount of each disbursement this period
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code	Year-to-date Date (Mo., Day, Year) /// Aggregate Year-to-date Date	\$ Amount of each disbursement this period \$ Amount of each
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Year-to-date Date (Mo., Day, Year) /// Aggregate Year-to-date	\$ Amount of each disbursement this period \$ \$
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name	Year-to-date Date (Mo., Day, Year) /// Aggregate Year-to-date Date	\$ Amount of each disbursement this period \$ \$ Amount of each disbursement this period
City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name Mailing Address	Year-to-date Date (Mo., Day, Year) /// Aggregate Year-to-date Date	\$ Amount of each disbursement this period \$ Amount of each disbursement this period \$

Page ∏	of	10
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Name of Candidate or Committee	William Shirkey
Reporting period /-/*/6	through 12-3/-16

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 188 176	\$ 250.00
Mailing Address 2992 West beach Blu L	$\square_I \square_I$	\$
City, State, Zip Code CNFPOTT, MS 39502		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Waters Topernation	W118116	\$ 500.00
P.O. box 4/99		\$
City, State, Zip Code Mey did MS 39384		\$
Name of Employer (Required)	\square / \square / \square	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bruce MArtin	11 127 1/6	\$ 500.00
Mailing Address P.O. Box 17≥9		\$
City, State, Zip Code Mericly MS 39302		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500,00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name C/Ac Ho//ad Ac	17/122/16	\$ 500.00
Mailing Address 304 Timber Ridge Re		\$ [
City, State, Zip Code MGidA, MS 39305		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500

Page	2	of	6
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Name of Candidate or Committee 🛛	Nilleten .	Shirley
Reporting period 1-1-16	throug	h 12-3/-16

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CochAn	17/12476	\$ 300,00
Mailing Address 303 E Archo SA Ave		\$
City, State, Zip Code (C) Sy Am And, MS 39355		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 300,00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name Dudley MAHES	11 122,176	this period
Mailing Address		\$ [
City, State, Zip Code		\$ [
MeLLAJ, MS 393v5 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name LOANS INC.	11 128 186	\$ 250-00
Mailing Address CO, Box 983		\$
City, State, Zip Code MG, CAD MS 3938/		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250,00
D. Source: Corporation PAC Individual Loan	_	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		•
	(Mo., Day, Year)	this period
Full name Blake Toomas Mailing Address 188 & 1541 City, State, Zip Code (UU, TMAN, MS 39355	(Mo., Day, Year)	\$ Soo. DO
Full name Blake Thomas Mailing Address 188 & 1541 City, State, Zip Cede	(Mo., Day, Year)	\$ SOD. DO

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Page	5	of	6
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Name of Candidate o	r Committee	Willia	for Shi	rkey
Reporting period	1-1-16		through	12-31-66

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name DiANC Africa 82	12/6/16	\$ 250.00
Mailing Address		
P.O. BOX 665		\$
City, State, Zip Code MARIDA, ms 39342	$\square_I \square_I \square$	\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Rick Blowy	7216116	\$ 250.00
Mailing Address		
Sozz st Place		\$
City, State, Zip Code Mey disu MS 39365	\Box \Box \Box	\$
Megician MS 39365 Name of Employer (Required)		¢ [
		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source Corporation PAC Individual Loan		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name WHIACE STANKIAND	CONTRACTOR OF THE PROPERTY OF	receipt
Full name WALLACE STANKLAND Mailing Address	(Mo., Day, Year)	receipt this period
Full name Mailing Address	(Mo., Day, Year)	receipt this period \$ \langle 000. 20
Full name WHIACE STANKIAND Mailing Address B219 Syca More Cleek In City, State, Zip Code MRid A MS 39305	(Mo., Day, Year)	receipt this period
Full name WALLACE STATKLAND Mailing Address B219 SYCA MORE CREEK AND CIty, State, Zip Code	(Mo., Day, Year)	receipt this period \$ \langle 000.20
Full name WHIACE STANKIAND Mailing Address B219 Syca More Cleek In City, State, Zip Code MRid A MS 39305	(Mo., Day, Year) Z G X Aggregate	receipt this period \$ \lambda 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Full name WALLACE STANKAND Mailling Address B219 Syca More Cleek An City, State, Zip Code My LA MS 393 S Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) Z Aggregate year-to-date	receipt this period \$ \(\lambda \omega \om
Full name WALLACE STANDA Mailing Address B219 Syca More Creek An City, State, Zip Code May A MS 393 S Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) Z G X Aggregate	receipt this period \$ \langle 0 0 0 \cdot 20 \c
Other (please specify)	(Mo., Day, Year) Z Z X Aggregate year-to-date Date (Mo., Day, Year)	s Amount of each receipt this period
Tother (please specify) Full name WHIACE STICKIAND Mailing Address B219 Syca More Creek In City, State, Zip Code Mailing Address Displayer (Required) Doccupation (Required) Doccupation (Required) Tother (please specify) Full name	(Mo., Day, Year) Z Aggregate year-to-date Date	receipt this period \$ \(\lambda \omega \om
Other (please specify) Full name WAHACE STANDAR Mailing Address B219 Syca More Creek A City, State, Zip Code Mame of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Mailing Address	(Mo., Day, Year) Z Z X Aggregate year-to-date Date (Mo., Day, Year)	s Amount of each receipt this period
Other (please specify) Full name Mailing Address B2/9 Syca More Creek in City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address For Box 1909 City, State, Zip Code	(Mo., Day, Year) Z Z X Aggregate year-to-date Date (Mo., Day, Year)	s \$ \langle 000.00 \$ \$ \langle 000.00 \$ Amount of each receipt this period \$ \langle 000.00 \$
Other (please specify) Full name Mailing Address B2/9 Syca More Creek An City, State, Zip Code Mane of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Loan Mailing Address City, State, Zip Code	(Mo., Day, Year) Z Z X Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ \(\) \
Other (please specify) Full name Mailing Address B2/9 Syca More Creek in City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address For Box 1909 City, State, Zip Code	(Mo., Day, Year) Z Z X Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ \(\) \

	121		
Page	7	of	6

Name of Candidate or Committe	ee William Shirtey
Reporting period /-/-/6	through 12-3/-/6

A. Source: Corporation PAC Individual Loan	Date (Ma. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name A7+7 PAC	121616	\$ 250.00
Mailing Address		
111 E. CASITO/St. Ste 6030		\$
City, State, Zip Code SAKSON MS 3920 /		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate year–to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name RONNIC MASSEY	82,16,186	\$ 500.30
Mailing Address		
P.D. BOX 1285		\$ [
City, State, Zip Code		
Merida, MS 39382		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 300.00
C. Source Cornoration PAC Individual Loan		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date (Mo., Day, Year)	receipt this period
Full name	Date	receipt
Full name Mailing Address	Date (Mo., Day, Year)	receipt this period
Full name Mailing Address 5320 4c94Cy Dive	Date (Mo., Day, Year)	receipt this period
Full name Mailing Address S320 Legacy Dive City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Full name Mailing Address 5320 4c94Cy Dive	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00
Mailing Address S320 4c 94cy D1, Ve City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00
Full name Mailing Address S320 4cgAcy Dive City, State, Zip Code 75024	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00
Mailing Address S320 4c 94cy D1, Ve City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) Aggregate year-to-date	receipt this period \$ 500.00 \$ 500.00
Full name Mailing Address S320 LegAcy DIVE City, State, Zip Code Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00
City, State, Zip Code Description Comparison Compa	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	s Soo. Do Amount of each receipt this period
City, State, Zip Code Description Descr	Date (Mo., Day, Year) Aggregate year-to-date Date	s Soo. 20 \$ Soo. 20 Amount of each receipt
City, State, Zip Code Description Comparison Compa	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	s Soo. Do Amount of each receipt this period
Mailing Address S320 LegAcy Dive City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Address City, State, Zip Code	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	s Soo. Do Amount of each receipt this period \$ 500.00
Other (please specify) Full name Mailing Address S320 LegAcy Dr. Ve City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Mailing Address	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
Tother (please specify) Full name Mailing Address Gity, State, Zip Code The Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Mailing Address City, State, Zip Code The Corporation PAC Total PAC T	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00
Mailing Address S328	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00

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Page	5	of	1
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Name of Candidate or Committee	withAm Shurley
Reporting period /-/-/6	through 12-3/-/ 6

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Class Firm	12/1/3/18	\$ 250.53
Mailing Address AD BX 2/7	\square \square \square	\$
City, State, Zip Code ACKSON, MS 39205	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mey dign Coach & Travel	1212186	\$ 500.00
Mailing Address P.O. Box 306/	\Box _/ \Box _/ \Box	\$
City, State, Zip Code Megichas NS 37303		\$
Name of Employer (Required)	$\square_I\square_I$	\$
Occupation (Required)	Aggregate	\$ 500.00
	year-to-date	1300
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full name C & AFT PAC	Date	Amount of each receipt
Full name CEAFT PAC Mailing Address 300 N. State St.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CEAFT PAC Mailing Address City, State, Zip Code ACKSOD MS 38 246	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CEAFT PAC Mailing Address City, State, Zip Code Action 38 2/6 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CF AFT PAC Mailing Address City, State, Zip Code ACKS D M 38 2/6 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
Coupation (Required) Other (please specify) Full name Coupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) Aggregate	Amount of each receipt this period \$ 250.00 \$ \$
CF AFT PAC Mailing Address City, State, Zip Code ACCO MAIL STATE Name of Employer (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ \$ Amount of each receipt
Other (please specify) Full name C F AFT PAC Mailing Address City, State, Zip Code ACS D M 38 2/6 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ Amount of each receipt this period
Tother (please specify) Full name Mailing Address Gity, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ Amount of each receipt this period \$ 500.00
Other (please specify) Full name C F AFT PAC Mailing Address City, State, Zip Code ACS D M 38 2/6 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ Amount of each receipt this period \$ 500.00 \$

Page	6 of	6
Page .	of of	6

Name of Candidate or C	ommittee Will	m S	hirley.	
Reporting period	1-16	through	12-31-16	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Life Duzer FAC	12128176	\$ 25,30
Mailing Address S475 Excurble PIAC	\square \square \square	\$
City, State, Zip Code ALKSON, MS 3920-6		\$
Name of Employer (Required)	$\square_I \square_I$	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	$\square_{I}\square_{I}\square$	\$
City, State, Zip Code		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	$\square_I\square_I\square$	\$
Mailing Address	\square \square \square	\$
City, State, Zip Code		\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	\Box , \Box , \Box	\$ [
Mailing Address	$\square_I \square_I \square$	\$
City, State, Zip Code		\$ 1
Name of Employer (Required)	\square I \square I	\$
Occupation (Required)	Aggregate year–to-date	\$